



BEST AVAILABLE COPY

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: NM-F9	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM ACC2606
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I above was accompanied by: <input checked="" type="checkbox"/> (X) a scientific description <input type="checkbox"/> () a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on 2003-08-14 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2003-10-16

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: NM-D4	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM ACC2605
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I above was accompanied by: <input checked="" type="checkbox"/> a scientific description <input type="checkbox"/> a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on 2003-08-14 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2003-10-16

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>8</u> , line <u>13 to 32</u> .	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input type="checkbox"/>	
Name of depositary institution Deutsche Sammlung von Mikroorganismen und Zellkulturen (DSMZ)	
Address of depositary institution (including postal code and country) Mascheroder Weg 1b 38124 Braunschweig DE	
Date of deposit August 14, 2003	Accession Number DSM ACC2606
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
Europe: In respect to those designations in which a European patent is sought a sample of the deposited biological material will be made available as provided in Rule 28(3) EPC until the publication of the mention of the grant of a European patent or for 20 years from the date of filing if the application is refused or withdrawn or deemed to be withdrawn, only by the issue of a sample to expert nominated by the person requesting the sample (Rule 28(4) EPC.	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

For receiving Office use only	
<input checked="" type="checkbox"/>	This sheet was received with the international application 10 08 2004
Authorized officer <div style="text-align: center; font-weight: bold;">N. MAILLIARD</div>	

For International Bureau use only	
<input type="checkbox"/>	This sheet was received by the International Bureau on:
Authorized officer	

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>8</u> , line <u>13 to 32</u> .	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input type="checkbox"/>	
Name of depositary institution Deutsche Sammlung von Mikroorganismen und Zellkulturen (DSMZ)	
Address of depositary institution (including postal code and country) Mascheroder Weg 1b 38124 Braunschweig DE	
Date of deposit August 14, 2003	Accession Number DSM ACC2605
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
Europe: In respect to those designations in which a European patent is sought a sample of the deposited biological material will be made available as provided in Rule 28(3) EPC until the publication of the mention of the grant of a European patent or for 20 years from the date of filing if the application is refused or withdrawn or deemed to be withdrawn, only by the issue of a sample to expert nominated by the person requesting the sample (Rule 28(4) EPC.	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

For receiving Office use only	
<input checked="" type="checkbox"/> This sheet was received with the international application <div style="text-align: center; margin-top: 5px;">13. 08. 2004</div>	
Authorized officer <div style="text-align: center; margin-top: 10px;">N. MAILLIARD</div>	

For International Bureau use only	
<input type="checkbox"/> This sheet was received by the International Bureau on:	
Authorized officer	